

# EXHIBIT 5

Case:17-03283-LTS Doc#:18165 Filed:09/17/21 Entered:09/20/21 14:02:43 Desc: Main  
Document Page 1 of 1

September 9, 2021

Clerk's Office  
United States District Court  
Room 150 Federal Building  
San Juan, Puerto Rico 00918-1767

RE: Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS and  
Prime Clerk Case no.17-03283

Respectable Judge:

I am filing a response to the Opposing Omnibus Objections of my mother and father, to explain the objections to my claim.

My name is Myriam Gandia; I live in the State of Florida. I am the daughter of Genara Cruz Del Moral and Fernando Figueroa Martinez.

I want to respond to the rejection disallow of Omnibus Objections, Commonwealth of Puerto Rico, and Title III.

1. **Genara Cruz Del Moral-Claim no. 179447, ss no. 0240**, born 1931 in Yabucoa, Puerto Rico, deceased on 25 July 2002, in Yabucoa. Worked as a Food Service Worker in the Yabucoa Public Schools for many years until retired.
  - a. The Opposing the Omnibus Objection was because, the Proof of claim not timely filed.
  - b. I am opposing to the decision for the reason of filing after deadline set by the Bar date order because, the information received to apply for this claim was in July 2021 and it was sent to the Puerto Rico address. When I went to Puerto Rico this past July, the letter was given to me. When I returned home immediately I submitted the claim online by July 14, 2021.
2. **Fernando Figueroa Martinez-Claim no. 173753, ss no. 0133**, born 1922, in Yabucoa, Puerto Rico, deceased on 18 March 2015, in Brooklyn, New York. Worked in the Yabucoa Central Roig Sugar Corporation until retired.
  - a. The Opposing the Omnibus Objection was because, Proof of claim and supporting documentation and that Central Roig were not part of the Title III proceedings.
  - b. I am opposing to the decision for the reason, when I received the information back in April 2020, I submitted this claim online through Prime Clerk for the Commonwealth of Puerto Rico Bankruptcy, and under the retirement system, Class Action Law Suit with Promesa Title III. This claim were for wages owed to the debtor, retired employees of the different companies in Puerto Rico, which include Central Roig Sugar Corporation, were the wages were reduced at the time my father worked at the company Central Roig. In that company there were no paper work for retirement filed.

I am asking the Court to please review these cases in consideration of my parents that had worked so hard in Puerto Rico and You the Court can make a sincere determination in favor and behave of my parents. Thank you.

Sincerely;



Myriam Gandia  
26154 Corkwood Court  
Land O' Lakes, FL. 34639  
[Gandia@verizon.net](mailto:Gandia@verizon.net)  
813-476-1556

PS: Five attachments

Case:17-03283-LTS Doc#:18165-1 Filed:09/17/21 Entered:09/20/21 14:02:43 Desc:  
Exhibit Page 1 of 5

**IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING  
TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.**

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Gandia, Myriam S.	179447	7/14/2021	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$50,000.00 00
Reason:	Proof of claim was not timely filed, as claimant filed the claim after the applicable deadline set by the Bar Date Orders.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Case:17-03283-LTS Doc#:18165-1 Filed:09/17/21 Entered:09/20/21 14:02:43 Desc:  
Exhibit Page 2 of 5

Three Hundred and Eighty-First Omnibus Objection  
Exhibit A - Claims to Be Disallowed

	NAME	DATE FILED	CASE NUMBER	DEBTOR	CLAIM #	ASSERTED CLAIM AMOUNT
324	GANDIA, MYRIAM S. 26154 CORKWOOD COURT LAND O'LAKES, FL 34639	4/21/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173753	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
325	GARCIA BURGOS, NELSON BARRIO PALO SECO BUZON 236 MAUNABO, PR 00707	5/26/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	174041	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
326	GARCIA COTTO, ELIZABETH HC 04 BOX 4284 HUMACAO, PR 00791	7/2/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	174220	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
327	GARCIA COTTO, MARIA ESTHER HC 4 BOX 4171 HUMACAO, PR 00791	3/17/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173590	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
328	GARCIA ECHEVERRIA, MIGUEL CALLE FRANCISCO MENDEZ 2F12 URB. BAIROA PARK CAGUAS, PR 00727	9/4/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	175042	\$ 4,800.00
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Puerto Rico Telephone Company which is not part of the Title III proceedings.					
329	GARCIA HERNANDEZ, LUIS MIGUEL HC-03 BOX 5776 HUMACAO, PR 00791	3/18/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173493	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
330	GARCIA HERNANDEZ, WILLIAM HC 1 BOX 17480 HUMACAO, PR 00791	3/30/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173695	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					

\* Indicates claim contains unliquidated and/or undetermined amounts

Page 49 of 149

Case:17-03283-LTS Doc#:18165-1 Filed:09/17/21 Entered:09/20/21 14:02:43 Desc:  
Exhibit Page 3 of 5

ASR-CS-001  
Rev. 02/2002

COMMONWEALTH OF PUERTO RICO  
GOVERNMENT EMPLOYEES AND JUDICIARY  
RETIREMENT SYSTEMS ADMINISTRATION  
SERVICE CENTER FOR PARTICIPANTS AND PENSIONERS

**RECEIPT OF CLAIM DOCUMENTS**

I have received the documents listed below:

Item: B&M (P)

Name: Genara Cruz del Moral

Employee or Social Insurance Number: [redacted]

Agency, Corporation or Municipality: Pensioner

Documents:

1. The B&M (P)
2. Death Certificate (Certified Copy)
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Received by:

Carmela Colon  
Full name of Employee

[Signature]  
Signature

[Illegible] Officer  
Position

08/12/02  
Date (Month/Day/Year)

AM  
Time



ESTADO LIBRE ASOCIADO DE PUERTO RICO (COMMONWEALTH OF PUERTO RICO)	
DEPARTAMENTO DE SALUD (DEPARTMENT OF HEALTH)	
REGISTRO DEMOGRAFICO (DEMOGRAPHIC REGISTRY)	
CERTIFICACION DE DEFUNCION (CERTIFICATION OF DEATH)	
NUMBER A319837	
NUMERO DE CERTIFICADO (CERTIFICATE NUMBER) 0062	
NOMBRE DEL FALLECIDO (DECEASED NAME) GENARA CRUZ DEL MORAL	
SEGURO SOCIAL (SOCIAL SECURITY)	SEXO (SEX) F
ESTADO CIVIL (MARITAL STATUS) CASADA (MARRIED)	NOMBRE CONYUGE (SPOUSE'S NAME) FERNANDO FIGUEROA MARTINEZ
FECHA DEFUNCION (DEATH DATE) 2002	FECHA REGISTRO (REGISTRATION DATE) AUG 06, 2002
LUGAR DEFUNCION (DEATH PLACE) RIO PIEDRAS, PUERTO RICO	
FUE EMBALSAMADO? ( WAS EMBALMED? ) SI FUE EMBALSAMADO (EMBALMED)	
FECHA NACIMIENTO (BIRTH DATE) 1931	EDAD (AGE) 71 YEARS
LUGAR NACIMIENTO (BIRTH PLACE) YABUCOA, PUERTO RICO	
NOMBRE DEL PADRE (FATHER'S NAME) RAFAEL CRUZ	NOMBRE DE LA MADRE (MOTHER'S NAME) NATIVIDAD DEL MORAL
FECHA EXPEDICION (DATE ISSUED) AUG 19, 2002	
ESTE ES UN ABSTRACTO DEL CERTIFICADO DE DEFUNCION OFICIALMENTE INSCRITO EN EL REGISTRO DEMOGRAFICO DE PUERTO RICO BAJO LA AUTORIZACION CONFERIDA POR LA LEY 24 DEL 22 DE ABRIL DE 1931	
THIS IS AN ABSTRACT OF THE RECORD FILED IN THE DEMOGRAPHIC REGISTRY OF PUERTO RICO ISSUED UNDER THE AUTHORITY OF LAW 24, APRIL 22, 1931	
[Stamp: DEPARTMENT OF HEALTH - DEMOGRAPHIC REGISTRY - Illegible - A03652125]	
[Stamp: INTERNAL REVENUE SERVICE STAMP - COMMONWEALTH OF PUERTO RICO]	
[Emblem: DEPARTMENT OF HEALTH - GOVERNMENT OF PUERTO RICO - Providing Health... to your Life.]	
ADVERTENCIA: Cualquier alteracion o borradura cancela esta certificaci6n.	
WARNING: Any alteration or erasure voids this certification.	

Case:17-03283-LTS Doc#:19998-5 Filed:02/02/22 Entered:02/02/22 18:09:44 Desc: Exhibit Exhibit 5 Page 7 of 9

## DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** Certificate No. **2557**

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
MARCH 18, 2015 06:41 PM

**1. DECEDENT'S LEGAL NAME** **FERNANDO FIGUEROA**  
(First, Middle, Last)


<b>MEDICAL CERTIFICATE OF DEATH</b> (To be filled in by the Physician)	<b>2a. New York City</b> 2b. Borough <b>Brooklyn</b>	<b>2c. Type of Place</b> 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	<b>4 <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility</b> 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	<b>2d. Any Hospice care in last 30 days</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>2e. Name of hospital or other facility (if not facility, street address)</b> <b>Bushwick Center for Rehabilitation and Health Care</b>
	<b>Date and Time of Death</b> 3a. (Month) (Day) (Year yyyy) 12:11 2015	<b>3b. Time</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>4. Sex</b> <b>Male</b>	<b>5. Date last attended by a Physician</b> mm dd yyyy 2015	

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.

**Name of Physician** **Esther Zellermaier** Signature *Esther Zellermaier* D.O. M.D.  
(Type or Print) Signature Electronically Authenticated  
**Address** **50 Sheffield Avenue, Brooklyn, New York 11207** License No. **013073** Date **2015**

<b>7a. Usual Residence State</b> <b>New York</b>	<b>7b. County</b> <b>Kings</b>	<b>7c. City or Town</b> <b>Brooklyn</b>	<b>7d. Street and Number</b> <b>50 Sheffield Avenue</b>	<b>Apt. No.</b> <b>301</b>	<b>ZIP Code</b> <b>11207</b>	<b>7e. Inside City Limits?</b> 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>8. Date of Birth (Month) (Day) (Year yyyy)</b> 1922		<b>9. Age at last birthday (years)</b> 92		<b>10. Social Security No.</b> 0133		
<b>11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")</b> <b>Sugar Cane Worker</b>		<b>11b. Kind of business or industry</b> <b>Factory</b>		<b>12. Aliases or AKAs</b>		
<b>13. Birthplace (City &amp; State or Foreign Country)</b> <b>Yabucoa, Puerto Rico</b>		<b>14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)</b> 1 <input checked="" type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSc, MEdA) 2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)				
<b>15. Ever in U.S. Armed Forces?</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		<b>16. Marital/Partnership Status at time of death</b> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input checked="" type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown		<b>17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last)</b> *** **		
<b>18. Father's Name (First, Middle, Last)</b> <b>Joaquin Figueroa</b>		<b>19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)</b> <b>Rosa Martinez</b>				
<b>20a. Informant's Name</b> <b>Norma Figueroa</b>		<b>20b. Relationship to Decedent</b> <b>Daughter</b>		<b>20c. Address (Street and Number Apt. No. City &amp; State ZIP Code)</b> <b>1163 Sutter Avenue 4 B, Brooklyn, New York 11208</b>		
<b>21a. Method of Disposition</b> 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____		<b>21b. Place of Disposition (Name of cemetery, crematory, other place)</b> <b>Municipal Cemetery</b>				
<b>21c. Location of Disposition (City &amp; State or Foreign Country)</b> <b>Yabucoa, Puerto Rico</b>				<b>21d. Date of Disposition</b> mm dd yyyy 03 22 2015		
<b>22a. Funeral Establishment</b> <b>Funeraria Juan - John's Funeral Home</b>		<b>22b. Address (Street and Number City &amp; State ZIP Code)</b> <b>509 Liberty Avenue, Brooklyn, New York 11207</b>				


VR 15 (Rev. 01-09)




This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the embezzlement of any provision of the Health Code or any other law.


**2015 Order No. 20150320145**



Steven P. Schwartz, Ph.D., City Registrar



X 0 0 9 0 7 9 3 5









T 718.384.8040  
W TargemTranslations.com  
E projects@targemtranslations.com  
A 185 Clymer St. Brooklyn, NY 11211

### TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 173753 DN 18165**

Signed this 15<sup>th</sup> day of December, 2021



Verify at [www.atanet.org/verify](http://www.atanet.org/verify)

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

